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APPLICATION NO.	APPLICATION NO. FILING DATE		FIRST NAMED INVENTOR		ATTORNEY DOCKET NO.		CONFIRMATION NO.
10/634,893	0/634.893 08/06/2003		Mitzi R. Hail		8324-0004-00		7344
TILE OF INVENTION: SYSTEMS AND METHODS FOR MANAGING INSURANCE CLAIMS							
APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DI	JE PREV. PAID ISSU	E FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1510	\$0	\$0		\$1510	07/07/2010
EXAMINER		ART UNIT	CLASS-SUBCLASS				
KOPPIKAR, VIVEK D		3686	705-004000				
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Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.			or agents OR, alternatively,				
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ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)							
PLEASE NOTE: Unle recordation as set forth	ess an assignee is ident n in 37 CFR 3.11. Comp	ified below, no assignee oletion of this form is NO	data will appear on th T a substitute for filing	e patent. If an assigr an assignment.	nee is ide	entified below, the do	cument has been filed for
(A) NAME OF ASSIC	GNEE	(B) RESIDENCE: (CITY and STATE OR COUNTRY)					
TROVER SOI	LUTIONS, INC.		. LOUISVIII	e, KI		CDOINGILL 0000004	5 10634893
lease check the appropri	ale assionee caleoory or	categories (will not be pr	rinted on the patent):	Individual C	1/2010 orporatio	n or other private grou	5 10634893 1510.00 OP 15 entity 1510.00 OP
lease effect the appropri	ate assignee entegery of			GN I	Cilor		E .
 a. The following fee(s) a Issue Fee 	are submitted:	o. Payment of Fee(s): (Please first reapped and previously paid issue fee shown above)					
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a. Applicant claims	SMALL ENTITY statu	is. See 37 CFR 1.27.	☐ b. Applicant is no				
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